Fill	in this information	to identify your case	:		7/ Lnt	orod U	26/2		ox only as directed in th	is form and in
D	ebtor 1	Christopher	Paul	Urban					• • • • • • • • • • • • • • • • • • • •	
		First Name	Middle Name	Last Name					no presumption of abu	
	ebtor 2 Spouse, if filing)	First Name	Middle Name	Last Name				of abuse a	culation to determine if pplies will be made und	der Chapter 7
	-				D	_			st Calculation (Official F	,
U	nited States Bankru	uptcy Court for the:	Easte	rn District of	Pennsylvani	a	-		ans Test does not apply I military service but it o	
_	ase number known)								·	
(☐ Check if the	nis is an amended filing	
Of	ficial Form	122A-1								
 Cł	napter 7 S	 Statement	t of Your (Curren	t Mont	hly lı	ncor	me		12/19
and beca with Pa	case number (if knause of qualifying this form. rt 1: Calculate	nown). If you believe military service, con Your Current Mo	that you are exemnlete and file State	pted from a p	resumption	of abuse b	ecause	you do not ha	any additional pages, ave primarily consume 707(b)(2) (Official Forn	r debts or
1.		ital and filing status fill out Column A, line								
	_	our spouse is filing		th Columns A	and B. lines	2-11.				
		our spouse is NOT f								
		he same household				olumn A a	nd B, lin	ies 2-11.		
	under pei	parately or are legally nalty of perjury that y re living apart for rea	ou and your spouse	e are legally s	eparated und	ler nonban	kruptcy	law that applie	ng this box, you declare es or that you and your 17(b)(7)(B).	
va ex	aried during the 6 m	nonths, add the incor	me for all 6 months	and divide the	total by 6. F	ill in the re	sult. Do column d <i>Colur</i>	not include ar only. If you hav onn A	ne amount of your moning income amount more re nothing to report for Column B	than once. For
							Debto	or 1	Debtor 2 or non-filing spouse	
2.	Your gross wage deductions).	Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).						\$4,216.55		
3.	Alimony and mains filled in.	Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.						\$0.00		
4.	your dependents unmarried partner roommates. Include	any source which a , including child sup r, members of your h de regular contribution ents you listed on line	oport. Include regula ousehold, your dep ons from a spouse o	ar contribution endents, pare	ns from an nts, and			\$0.00		
5.	Net income from or farm	operating a busines	s, profession,	Debtor 1	Debtor 2					
	Gross receipts (be	efore all deductions)		\$0.00						
	Ordinary and nece	essary operating exp	enses	\$0.00						
	Net monthly incor	ne from a business,	profession, or farm	\$0.00		Copy here →		\$0.00		
6.	Net income from	rental and other rea	I property	Debtor 1	Debtor 2			<u> </u>		
		efore all deductions)	. p p	\$0.00	Deptor 2					
		essary operating exp	enses	- \$0.00	_					
	,	, .,				Сору				
	Net monthly incor	ne from rental or othe	er real property	\$0.00		here		\$0.00		
_	Internal Prince	la and an 169				\rightarrow		\$0.00		
1.	Interest, dividend	is, and royalties						φυ.υυ		

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De	ebtor 1	Christopher	Paul	Document	Page 2 o	f 3 Case nu	Imber (if known)	<u> </u>
		First Name	Middle Name	Last Name	Tage 2 0	1 5		
						Column A Debtor 1	Column B Debtor 2 or non-filing spouse	
	8. Unem	ployment compens	ation	\$0.00				
	Do not under	Do not enter the amount if you contend that the amount received was a benefit under						
	the So	the Social Security Act. Instead, list it here:						
	For yo	u		<u> </u>	\$0.00			
	For yo	ur spouse						
	9. Pension or retirement income. Do not include any amount r benefit under the Social Security Act. Also, except as stated do not include any compensation, pension, pay, annuity, or a United States Government in connection with a disability, cor disability, or death of a member of the uniformed services. If retired pay paid under chapter 61 of title 10, then include tha that it does not exceed the amount of retired pay to which yo entitled if retired under any provision of title 10 other than chapter 61.				sentence, aid by the d injury or d any the extent erwise be	\$0.00		
	Do no receiv dome the U injury	ot include any beneficed as a victim of a stic terrorism; or conited States Govern or disability, or dea	its received under the war crime, a crime ag mpensation, pension, ment in connection w	ve. Specify the source and Social Security Act; pay painst humanity, or international pay, annuity, or allowand with a disability, combat-rest uniformed services. If neather total below.	ments ational or ce paid by elated			
	Estimated Pro-Rata 2023 Federal Income Tax Refund					\$143.00		
	Total amou	ınts from separate p	ages, if any.		+	+		
	44 Cala	11. Calculate your total current monthly income. Add lines 2 through 10 for						= \$4,359.55
		•	•	to the total for Column B			T	Total current
								monthly income
Pa	art 2: Dete	ermine Whether	the Means Test A	applies to You				
12.	Calculate ye	our current monthly	y income for the year	Follow these steps:				
	12а. Сору	your total current m	onthly income from lin	ne 11			Copy line 11 here \rightarrow	\$4,359.55
	Multip	bly by 12 (the number	er of months in a year	r).				x 12
	12b. The re	esult is your annual	income for this part o	f the form.			12b.	\$52,314.60
13.	Calculate th	ne median family in	come that applies to					
	Fill in the sta	ate in which you live	·.	Pennsylvania				
	Fill in the nu	ımber of people in y	our household.	1				
						13.	\$64,277.00	
To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.							'	

14a. Line 12b is less than or equal to line 13. On the top of page 1, check box 1, *There is no presumption of abuse*. Go to Part 3. Do NOT fill out or file Official Form 122A-2.

14b. Line 12b is more than line 13. On the top of page 1, check box 2, *The presumption of abuse is determined by Form 122A-2.* Go to Part 3 and fill out Form 122A-2.

Debtor 1

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Middle Name

Sign Below

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.



X /s/ Christopher Paul Urban

Signature of Debtor 1

Date 03/26/2024

MM/ DD/ YYYY

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.